EMS System for Metropolitan Oklahoma City and Tulsa
2027 Medical Control Board Treatment Protocols

Approved 9/2/26, Effective 1/15/27, replaces all prior versions

4B - RESUSCITATION TEAM ROLES ADULT & PEDIATRIC

Four + Rescuers/ Compression & Ventilation Leader/ Position 4 (P4)
Always outside CPR "triangle"

- Monitors time intervals
  - Calls for compressor change every 60 seconds
  - Calls for rhythm analysis every 2 minutes
- Monitors quality of CPR and use of metronome
  - 80 compressions per minute ResQCPR®
  - 110 compressions per minute if standard CPR
- Assures manual defibrillator in "paddles" mode
- Monitors for use of proper equipment/adjuncts
- Gathers concise history from family/bystanders
- Keeps resuscitation area quiet so team members can hear
- Monitors for DNR issues
- Avoids direct patient care to maintain supervisory duties if greater than four rescuers throughout EMS resuscitation.
- Directs "staging" of personnel beyond six rescuers away from immediate resuscitation area to prevent crowding.

Three + Rescuers/Airway/Position 3 (P3)
Always at patient's head

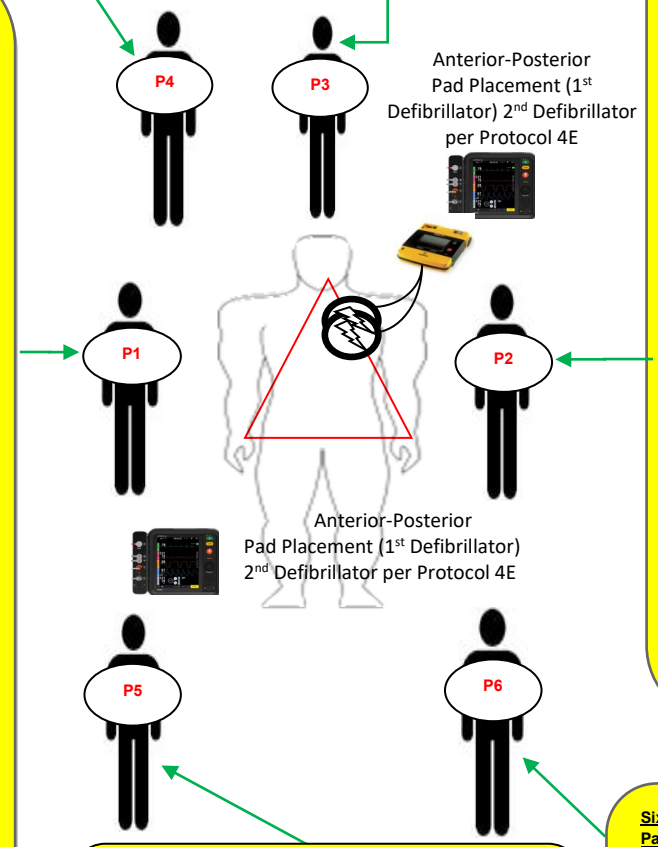
- Airway management per protocol(s)
  - for BVM ventilations, applies mask seal with both hands while P1 and P2 alternate bag squeezing during their respective compression off cycles. Squeezes bag only when P1 AND P2 busy with other tasks.
  - assists EMT-I/AEMT/paramedic during intubation as needed (if not EMT-I/AEMT/ paramedic)
- Avoids compression interruptions for airway procedures.

Two + Rescuers/ Circulation 2/ Position 2(P2)
Always on patient's left

- If more than two rescuers:
  - applies AED/manual defibrillator in first minute while P1 compressing
  - if good bystander CPR for arrest or estimated arrest ≤4 mins, charges manual defib (if applicable) last 15 seconds of P1 compressions & prepares to deliver compressions after rhythm analysis
  - analyzes rhythm (by AED or paramedic)
  - starts chest compressions immediately if no defib indicated or immediately after defib (if indicated)
  - continuous chest compressions 1 min
    Adult non-trauma 80/min ResQCPR®
    (deploy ResQPUMP within 2 minutes)
    Adult/Pediatric110/min standard CPR
  - if no/poor bystander CPR for arrest or estimated arrest time > 4 mins, alternate compressions with P1
  - starts compression metronome as soon as possible when P1 compressing (priority goes to AED/manual defibrillator attachment)
  - if BVM ventilations by P3 & when able, squeezes bag with ResQPod® light at 10/min rate in off compression cycle (while P1 compressing) as P3 maintains mask seal
- If two rescuers:
  - applies AED/manual defibrillator in first minute while P1 compressing
  - if good bystander CPR for arrest or estimated arrest time ≤4 mins, charges manual defib (if applicable) last 15 seconds of P1 compressions & prepare to deliver compressions after rhythm analysis
  - analyzes rhythm (by AED or paramedic)
  - starts chest compressions immediately if no defib indicated or immediately after defib (if indicated)
  - continuous chest compressions 1 min
    Adult non-trauma 80/min ResQCPR®
    (deploy ResQPUMP within 2 minutes)
    Adult/Pediatric110/min standard CPR
  - pediatric: alternate 15:2 (asynchronous vents if advanced airway) with P1
  - if no/poor bystander CPR for arrest or estimated arrest time > 4 mins, alternate compressions with P1
  - starts compression metronome as soon as possible when P1 compressing (priority goes to AED/manual defibrillator attachment)

Single Rescuer/ Circulation 1/ Position 1 (P1)
Always on patient's right

- If more than two rescuers:
  - continuous chest compressions 1 min
    Adult non-trauma 80/min ResQCPR®
    Adult/Pediatric:110/min standard CPR
  - alternates compressions with P2
  - charges manual defib (if applicable) last 15 seconds of P2 compressions
  - analyzes rhythm (by AED or paramedic)
  - if AED is used and defib indicated, resume chest compressions while AED is charging. Clear for defib. Resume compressions immediately after P2 delivers AED defib or paramedic delivers manual defib (if paramedic present &defib indicated)
  - if BVM ventilations by P3 & when able, squeeze bag with ResQPod® light at 10/min rate in off compression cycle (while P2 compressing) as P3 maintains mask seal
- If two rescuers:
  - continuous chest compressions 1 min
    Adult non-trauma 80/min ResQCPR®
    Adult/Pediatric:110/min standard CPR
  - adult passive oxygenation with NRB O2 in second minute when P2 compressing (passive oxygenation limited to first 6 mins of EMS resuscitation)
  - pediatric: alternate 15:2 (asynchronous vents if advanced airway) with P2
  - charges manual defib (if applicable) last 15 seconds of P2 compressions
  - if AED is used and defib indicated, resume chest compressions while AED is charging. Clear for defib. Resume compressions immediately after P2 delivers AED defib or paramedic delivers manual defib (if paramedic present &defib indicated)
- If alone and cardiac arrest duration estimated ≤ 4 mins:
  - apply AED/manual defibrillator
  - analyze rhythm (by AED or paramedic)
  - defib if indicated (by AED or paramedic) with compressions during AED or manual defib charging. Clear for defib.
  - call for additional help
  - continuous chest compressions
    Adult non-trauma 80/min ResQCPR®
    Adult/Pediatric:110/min standard CPR
  - maintain compressions and analyze rhythm by AED or paramedic every 2 minutes (with defib if indicated as above) until additional help arrives
- If alone and cardiac arrest duration estimated >4 mins:
  - call for additional help
  - continuous chest compressions 2 mins
    Adult non-trauma 80/min ResQCPR®
    Adult/Pediatric:110/min standard CPR
  - apply AED/manual defibrillator
  - analyze rhythm (by AED or paramedic)
  - defib if indicated (by AED or paramedic) with compressions during AED or manual defib charging. Clear for defib.
  - maintain compressions and analyze rhythm by AED or paramedic every 2 minutes (with defib if indicated as above) until additional help arrives



Five + Rescuers/ Vascular and Medication/ Position 5 (P5)
Paramedic
Always outside CPR "triangle" at lower 1/2 of patient

- Initiates IV/IO access
- Administers medications per protocol(s) in consult with P6

Delivers manual defib (when indicated) if both P1 and P2 non-paramedic - in this situation monitor/manual defib moved from patient upper left to P5 location

Six + Rescuers/ Resuscitation Leader/ Position 6 (P6)
Paramedic
Always outside CPR "triangle" at lower 1/2 of patient

- Maintains overall awareness of resuscitation dynamics
- "Busiest mental activity" position on team dictates little to no physical activity for success
- Interfaces with P1-5 as situation dictates
- Prioritizes communication with P1-3 through P4
- Assesses for etiologies of cardiac arrest
- Determines if termination of resuscitation appropriate
  - consult OLMC when indicated by protocol
  - communicates with family/bystanders if indicated